

LISA MADIGAN

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Office Use Only						
CLMS:						
AG:						

TTY: 1-877-844-5461 www.IllinoisAttorneyGeneral.gov

Fill out the form, then print and mail to the address above. Include copies (no originals please) of any supporting documents.

YOUR INFORMATION:		NAME OF SELLER OR PROVIDER OF SERVICE:			
Name: Mr., Mrs., Ms. (circle one)		Name:			
Address:		Address:			
City: State: Zip code:	County:	City: State: Zip code:			
Your Telephone Number: Daytime () Evening ()		Telephone () Website:			
Your e-mail address (optional):		Additional seller or provider of service involved in transaction: Name:			
Are you a senior citizen? Yes No Who referred you to this office?		Address: City: State: Zip code: Telephone ()			
Has this matter been submitted to another of the season of	one number #	Website: ency, an arbitration service, or to an attorney? Yes No			
IN	FORMATION	N ABOUT THE TRANSACTION			
	you sign a contract yes, please attach				
Was the product or service advertised?	Yes No W	Then? (Please attach a copy of the advertisement, if available)			
How was the service advertised? Newspaper/magazine Radio advertisement Television advertisement Internet advertisement E-mail solicitation Direct mail solicitation Telephone solicitation Yellow pages of the telephone book Facsimile solicitation Door-to-door solicitation Display at merchant's place of busin Display at a trade show/convention, Other	Amount p Method of Cash Wire Trail If you part company ess etc. (Under the	paid to date/down payment: \$ paid to date/down payment: \$ of payment (check one) (Please attach a copy) Check Money Order Credit Card Debit Card Bank Draft ansfer Automatic Debit Other nid with a credit card, have you contacted your credit card to register a dispute? Yes No the Federal Fair Credit Billing Act, you have 60 days from the time receive your statement to dispute the charge.)			

Where did the transactio At my home Over the telephone	n take place?	Have you complained to the company or individual? Yes No If yes, provide name and phone number of the individual(s):			
☐ By mail ☐ Over the Internet ☐ Trade show/convention ☐ At the firm's place of b ☐ By facsimile	business				
☐ Other (please specify)☐ There was no transaction	on				
	PLAINTS REGARDING MO				
Make:	Model:	Year:	New: Yes No	As-Is: Yes No	
Warranty: Yes No Expiration Date:	Name of Extended Warranty:	Purchase Date:	Current Mileage:	Mileage at Purchase:	
	checks (front and back), adve			lease attach copies of all contra at relate to your complaint.	acts,
What form of relief are you	u seeking? (E.g. exchange, rep	oair, money back, p	product delivery, etc.)		
In filing this complaint, I	NG BEFORE SIGNING B understand that the Attorney misleading or unlawful busi	General is not n		out rather enforces laws desig	ned
concerning my legal right complaint being forwarde	s or responsibilities, I should	d contact a privat on the complaint	e attorney. I have no	o objection to the contents of unless box checked below. T	
Signature:			Da	te:	
☐ Check here if you onl	y want to notify our office o	f vour concerns	and do not want a me	adiation process initiated	

Please print and send the completed form to the address at the top of this complaint form. Incomplete forms may be returned.